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DIVISION OF CORPORATIONS

2009 NOV -9 PM 3: 57

9 11/10/09

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Cromer Global Enterprises, Inc.		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INC</u>	LUDE SUFFIX)
•			
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
□ # # # 0.00	[7] #go gs	□ #50.55	D #07.50
\$70.00	☑ \$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
		ADDITIONAL CO	Status DRV DEOLUBED
		ADDITIONAL COPY REQUIRED	
FROM:	Susan C. García		
	Name	(Printed or typed)	
			20
	84 Shore I		
		Address	40N 6002
			9-1
	Miami, FŁ 33133		
	City, State & Zip		
			PH 3: 57
	786-566-0195		
	Daytime Telephone number		

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE DIVISION OF CORPORATIONS

2009 NOV -9 PH 3: 57

ARTICLE I NAME

The name of the corporation shall be:

Cromer Global Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 84 Shore Drive West

Miami, FL 33133

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Susan C. Garcia, President 84 Shore Drive West

Miami, FL 33133

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Corporation Service Company 1201 Hays Street Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Susan C. Garcia 84 Shore Drive West Miami, FL 33133

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity

| Signature/Registered Agent | Date | Date |

Signature/Incorporator